

10/10/2007

## UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

MICHAEL W. DOBBING CLERK, U.S. DISTRICT COURT

## IN FORMA PAUPERIS APPLICATION AND

Bridget mechetner-cesario FINANCIAL AFFIDAVIT

ハーハー ヘノート	2007 1977 1978 1984	MDefe	STATION SA	Fismith	JUD	/0021 GE CASTILLO S.JUDGE BROWN	
1-13.	Wherever □ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:  I, □   Cor   C						
	1.		ou currently incarcerated?			(If "No," go to Question 2)  Monthly amount:	
	2,	Month	ou currently employed? nly salary or wages: and address of employer: _		751/10		
		a.	If the answer is "No": Date of last employment Monthly salary or wage: Name and address of las	s:			
		ь.	Are you married? Spouse's monthly salary Name and address of em	ClYes or wages: ployer:	×νο	·	
	3.	Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.					
		a. Amou	Salary or wages	Received by (	oleanr	AYes ONO	

I declare under penalty of perjury that the to 28 U.S.C. § 1915(e)(2)(A), the court sallegation of poverty is untrue.  Date: \[ \left( \frac{1}{2} - \frac{1}{2} \right) - \frac{1}{2} \right] \]	Signature of Applicant  (Print Name)
institutional officer or officers showing in the prisoner's prison or jail trust fund a covering a full six months before you have in your own accountprepared by each	oner must also attach a statement certified by the appropriate all receipts, expenditures and balances during the last six months accounts. Because the law requires information as to such accounts by filed your lawsuit, you must attach a sheet covering transactions institution where you have been in custody during that six-month ficate below completed by an authorized officer at each institution.
(To be comple  I certify that the applicant named herein,  \$\( \sim \left( \cdot \cd	CERTIFICATE carcerated applicants only) ted by the institution of incarceration)  Bridget Conformation of incarceration  Bridget Conformation of incarceration  Credit at (name of institution) Lake County Jail  e following securities to his/her credit:
DATE	SIGNATURE OF AUTHORIZED OFFICER
	(Print name)

rov. 10/10/2007